## \*Personal privacy information\*

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3 Contact person (if different than reporter) Internal ID Row 1 Reporter Name Submission Sundee Williams 1802020 date. Administrative 31-May-2016 0011 Data Address Address 2 T. W. Alexander Drive Monticello, MN 55362 RTP, NC 27709 USA Phone # (919) 549-2255 Phone # Was incident part of larger study? Incident Status: Location and date of incident Date registrant became aware of New Monticello, MN USA incident. 04/13/2016 04/13/2016 Row 2 EPA Registration # (Product 1) EPA Registration # (Product 2) EPA Registration # (Product 3) N/A 72155-100 N/A Pesticide(s) Involved A.I. (s) A.I. (s) A.I. (s) N/A Indaziflam, Glyphosate & Diquat N/ADibromide Product 2 Name Product 3 Name Product 1 name DuraZone Weed and Grass Killer -N/A N/A Concentrate Exposed to concentrate prior to Exposed to concentrate prior to Exposed to concentrate prior to dilution? N/A dilution? N/A dilution? No Formulation Soluble Concentrate Formulation N/A Formulation N/A Incident site: (examples include home, Situation (act of using product): (examples Row 3 Evidence label include mixing/loading, reentry, application, directions were not yard, school, industrial, Incident followed? No nursery/greenhouse, surface water, transportation, repair/ maintenance of commercial turf, building/office, forest/ application equipment, manufacturing/ Circumstances Intentional misuse? woods, agricultural (specify crop) right-offormulating). way (rail, utility, highway)). See Incident Description Notes Applicator certified? Own Residence UNK How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description Notes

## Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 3

## Brief description of incident circumstances.

Apr 13 2016 5:15PM

Hx. Caller was using the product when it sprayer became plugged. He was carrying a knife in his pocket to cut the tip of the nozzle prn. He ended up cutting his thumb between the two joints the knife 10 minutes prior to call. Caller is concerned about the product getting into his blood stream. He also mentioned that his thumb has gone numb. He washed the area prior to call and has been attempting to 'push' blood out of the laceration.

A. Consulted LT ABrown. Product exposure does not pose as a concern. The bigger concern is that stitches/sutures may he required. Rec. washing the area for 10-15 minutes with soap and water. Stop pushing on the area and allow it to clot properly. Rec. ER/UC eval tonight. Have MD call if they have any questions. If you have any other questions or concerns please callback 24/7.

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Apr 20 2016 12:23PM

Attempted CB. Left message with case and callback numbers. Reset.

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Apr 21 2016 12:13PM

Attempted CB. Left message with case and callback numbers. Case closed.

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May 4 2016 11:27AM

Severity Assessment Completed